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Mission Viejo, California 92691  
tel: (949) 282-1000  
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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** September 9, 2010

**To:** United States Patent and Trademark Office  
Examiner: Huynh, Son P.; Art Unit: 2424

**Fax:** (571) 273-8300

**Re:** **Application Serial No.: 10/646,192**  
Filing Date: 8/21/2003; First-Named Inventor: Watson  
Attorney Docket No.: 0260257

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 14

**Message:**

Enclosed please find the Amendment and Response to Non-Final Office Action dated May 25, 2010.

Payment for First Month Extension Fee in the Amount of \$130.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0260257

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Watson, et al.SERIAL NO.: 10/646,192 FILED: 8/21/2003FOR: Digital Home Movie LibraryHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 1	x 52	x 26	\$
INDEPENDENT		MINUS **	* = 2	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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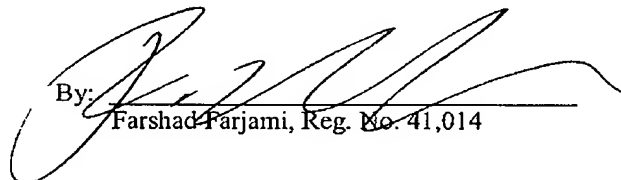
Attorney Docket No.: 0260257

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 130.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date:

9/9/10

By:

  
Farshad Farjami, Reg. No. 41,014

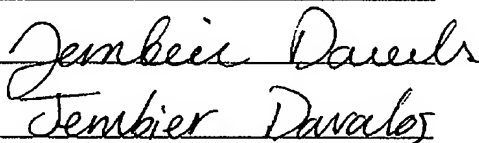
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Farshad Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

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